

	MARYLAND STATE DEPARTMENT OF HEALTH	
	12853 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	A 1
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Ŧ
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a DATE KNOWN Month Doy Year	2b. HOUR
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E PK	TEONARD BROWN DEATH MATED 9 21 19 6. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	8 11p
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	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER LXX 220. DATE SIGNED	
	EXAMINER'S DEPUTY MEDICAL EXAMINER 9/23/68	
o DEPUTY necessory, p the funeral 5 may be re 0 FUNERAL Health prio	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, tawn, or county)	
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	Durial Sept. 26/68 John Wesley Chi Cem, (1940sco, Pr. Son Ma	,
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
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	MARYLAND STATE DEPARTMENT OF HEALTH
1	12854 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201, 12865
1.	DECEASED-NAME (Type or print) JANE DECEASED-NAME (Type or print) JANE Double To DEATH Middle JANE 20. DATE OF DEATH Manth 7 Day 6 Year YEA
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7	D. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED 10 DIVORCED Charles
10	La Plata 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done Prystical of Work) We, even if retired.) 12. KIND OF BUSINESS OR Prystical of Work How Pry
13	o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before light of the light of
L	I. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost George W. Henderson Kate Norman
1	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Very no, or unknown Very no, or unknown) Very no, or unknown V
	Canditians, if any, which gave nise to immediate cause (a). Stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NOT CAUSES OF DEATH? 21b. TIME OF INITIALY 22c. HOW INITIALY OF CITEBED. (Enter nature of initialy in Part 1 or Part 2, them 18.)
	To contributing Cause of of ATH HOUR A.M. Month Day Year P.M. 19
	21d. INJURY OCCURRED While Not while at work at work of the process of the proces
	22a. I certify that (I) (this haspital) attended the deceased from 19 that (I) (we) la saw the deceased glive an 19 and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated above (i) (we) (did) (did not) view the bady after death.
l	22b. SIGNATURE STAFF DEGREE ATTENDING PHYS. STAFF 9/7/1968
/	22d. PHYSICIAN'S NAME (Type) E.J. Edelen, M.D. I.a Plata, Maryland
	Removal (Specify) 9/9/1968 Nanjemoy Baptist Cemetery Nanjemoy Maryland FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS 23d. LOCATION (City or Town) (County) (Stote) Nanjemoy Baptist Cemetery Nanjemoy, Maryland ADDRESS 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
5 1	Archart Funeral Home, Inc La Plata, Md. DATESFP 1 0 1968 Charles Judge

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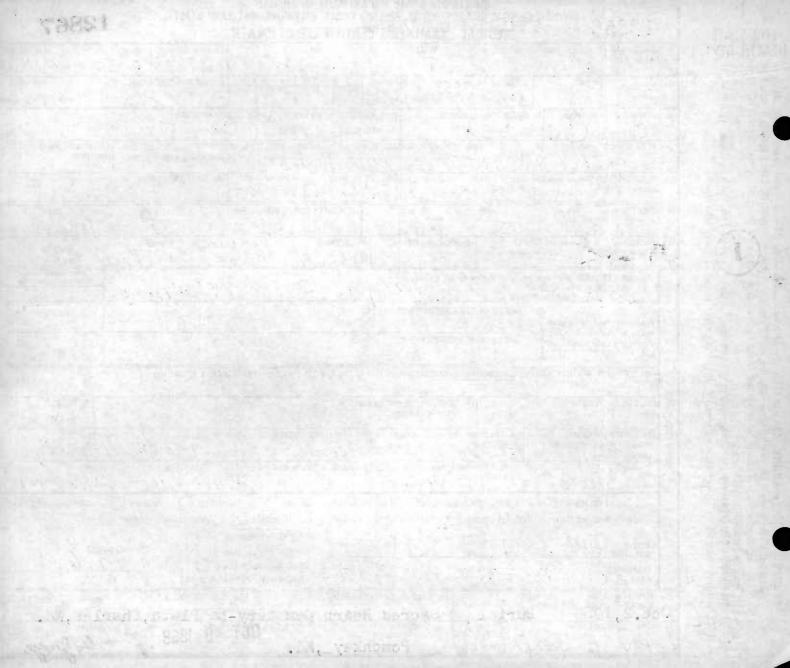
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12866 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE KNOWN (Type or Print) OF ESTI-KERNIEL 0 deloy and 3 1 6. AGE (In years 4. RACE 3 SEX 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD PM3. July 1,1950 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH USA WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR JOWN death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Charles odmissian) STATE New burg YES NO W Office/ land 2 ofter 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Katherine Inez Dorsey (Edelen P. Dorsev Joseph the Chief Medical Examiner's 17. INFORMANT ADDRENEWburg, Md. 16b. SOCIAL SECURITY NO. (Yes, na, ar unknown) 218-56-7126 Katherine I. Dorsey, Rt. 1, Box 160, within 72 be executed 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Weens Gun IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Canditians, if any, which gave rise ta immediate cause (a). should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause should be forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, YES X NO T 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY X OR CONTRIBUTING burial, cremation, 58 (PM) 9,28 19 68 CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. Cify or Town State factory, affice building, etc.) taulkner 220. I certify that I took charge of the remains described above, held on Autopsy Inquiry , Inspection ond in my opinion deoth resulted from: Notural couses Accident . Suicide 7 Undetermined monner Homicide 5 may be retained TO FUNERAL DIREC Health priar to b CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) the 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Oct. 1, 1968 Issue, Charles, Maryland Holy Ghost Cemetery Buria] 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE OCT Ochanles 1968 Arehart Funeral Home Inc., La Plata, Md.

MAKTLAND STATE DEPARTMENT OF HEALTH

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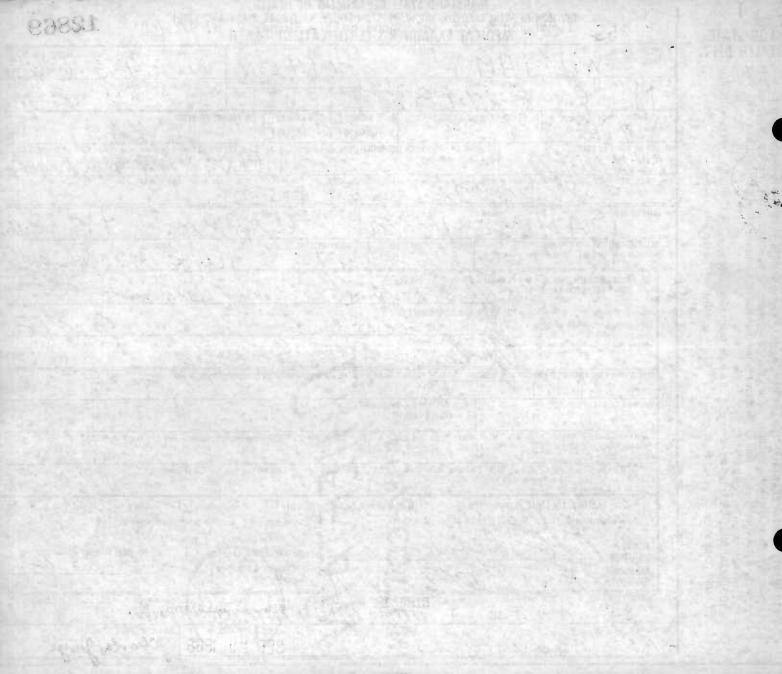
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		18. CAUSE OF DEATH (Enter only one cause per line for (a) 4b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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MAKYLAND STATE DEPARTMENT OF HEALTH



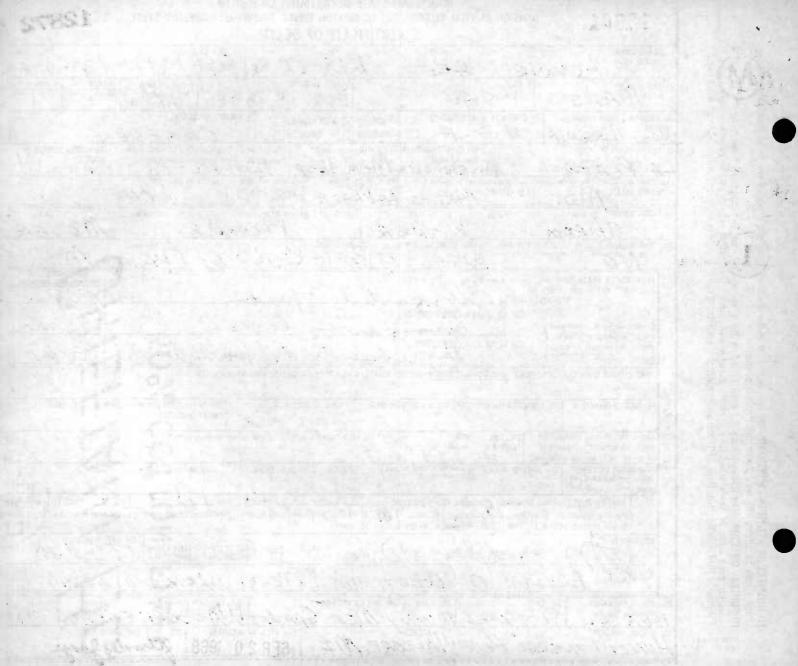
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FOR STATE		12869 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (15 ms 23 MEDICAL EXAMINER'S CERTIFICATE OF DEATH H. 9/19/68
HEALTH DEPT.	1. DE	EASED-NAME 20. DATE KNOWN Month Doy Year 2b. HOUR
3 ta 3 ta 6 safe	(1)	pe or Print) WILLIAM HORTON OF ESTI- 9 15 68 25 M
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the Heck	230.	BURIAL, CREMATION, 23b. DATE 23c. TAME OF CEMETERY OR CREMATORY 23d_LOCATION (City or Town) (County) (State)
		REMOVAL (Specify) Burial 9-21-68 Removal (Specify) Performant Performant Prince Prince Md.
	24.	ADDRESS . CLASSIA DE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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		MARYLAND STATE DEPARTMENT OF HEALTH	
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FOR STATE	160	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14010
HEALTH DEPT.		FIRST Middle Lost Lost 20. DATE KNOWN Month OF ESTI-	Doy Yeor 2b. HOUR
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TO DI nece the 5 m 10 FU Heal	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
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01 1	MARYLAND STATE DEPARTMENT OF HEALTH	
20	12850 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2871
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1000
HEALTH DEPT.		Yeor 2b. HOLR
FAA) 5	(Type or Print) ONNIE LEE LEE NEK JP. OF ESTI- 9 13	60 100M
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tot	10, CITY OR SOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND	OF BUSINESS OR
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s after 18. Give alang	13a. USUAL RESIDENCE (Whose deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13g. STREET AND NUMBER	11-
2 wi	admission) STATE //d. 13b. COUNTY Charles Hughesville YES & NO - Hughesville Y.	Vlanor
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Z E 3 5 5	Lonnie Lee Misher St. Moxie Virginia 13	leall
hin hou	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of Johnson) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Batty C. Kisner, Hughes	villa MI
5	APP	PROXIMATE INTERVAL
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d b d : Chie ran	rise ta immediate cause (a),	2 70
INER: This certificate shauld be executed in ecrtificate, writing the word "pending" in should be farwarded to the Chief Medical Estilles. 3 shauld be used as a burial-transit permit. Fination, ar remaval, and in any event within	stating the underlying cause Due 10, OK AS & CONSEQUENCE OF Secretary	
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NER: T certific hould b lies. shauld strian, ar	PRIMARY TOR CONTRIBUTING HOURAM GAS Dead on alto Cleve CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At borne, farm, street, 21f. LOCATION Street or R.F.D. No. / Aity or Jown County	Devel
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O DEPUTY necessary, I the funeral 5 may be r 0 FUNERAL Health pria	NAME (Type) How and J. Edelen ADDRESS(Street, city, town, or county)	
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MARYLAND STATE DEPARTMENT OF HEALTH

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	tems 18&22a Film 405 MAKTLAND STATE DEPARTMENT OF HEALTH [10-2-68 amsDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	*. Hema
FOR STATE	12863 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1287
HEALTH DEPT.	1. DECEASED-NAME 20. DATE KNOWN Month Do	y Yeor 2b. HOUR
is ta to of	(Type or Print) BABY, Of ESTI- DEATH MATED Sept.	12,19687:30
elay id 3 i. Pa	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lest birthday) 15. DATE OF BIRTH 16. AGE (In years lest birthday) 16. AGE (In years lest whole 1 year lest lest lest lest lest lest lest lest	2d. HOUR
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ICAL I	deoth resulted fram: Natural causes 🗵 , Accident 🔲 , Suicide 🗍 , Hamicide 🔲 , Undetermined manner 🗌	
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O DEPUTY SICA necessary, please e the funeral director 5 may be retained o FUNERAL DIRECT Health priar to bu	EXAMINER'S Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAMINER Sept. 13 NAME (Type) Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)	, 1700
o DEPL necessa the fun 5 may 0 FUNE Health	230_ BURIAL, CREMATION, 23b. DATE 23c. NAME/OF CEMETERY OR CREMATORY 023d. LOCATION (City or Town) (Co	unity) /(Stote)
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1 1		1286% [tem#5, Film#G/	M DIVISION OF VITAL I 404 9/11/68 k	RECORDS, 301 W.	PRESTON STREET CATE OF DE	T, BALTIMORE,	MARYLAND 21201	12875
death.	1. D	CEASED-NAME // First		Widdle	NEAL.	2a. DA Se	TE OF DEATH Month Day	3 Your 2b. HOUR AM
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ecute campler ave car y event,	adm	USUAL RESIDENCE (Where deceo ssian) STATE Md .	13b. COUNTY Char	cles La	Plata YE	S NO	3e. STREET AND NUMBER	
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ne death cer attending p permit. The		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a)	yound	ril my	lanchi-		BETWEEN ONSET AND GEATH
at the the nsit mat		Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS	Terrose	lente	heata	listase.	10 gears
V: The law requires the or attending physician. The has been signed by ruse as the burial frait abtrial.	NC	PART 2. OTHER SIGNIFICANT CO						
The lay attend attend has be ise as it the priar	CERTIFICATION		CONDITION FOR WHICH OPERA		20o. AUTOPSY	NO 🗗	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	
ICIAN: pital or rtificate id far u af Heal	MEDICAL CE	210. ACCIDENT WAS UNDERLYI ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (If either, natify medicol exam	TH HOUR A.M. Manth	Day Year			of injury in Part 1 or Port 2,	•
3 PHYS the has this ce detache e Dept.	W	at work at wark	. PLACE OF INJURY (AT HOME, I				City or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to		22a. I certify that (I) (the saw the deceased of causes stated above	nis hospital) attended to alive an	he deceased from 19 08, () view the bady after	9/2 and that in (my) (er death.	, 19_68., to (our) opinion de	o9/3/, 19 ooth occurred on the de	68_, that (I) (we) last the and hour and from the
L OR AT be reta DIRECTO DIRECTO She a she with lifed with		22b. SIGNATURE 22d. PHYSICIAN'S	with	/ D	GREE ATTENDING PHYS.	MED. DIRECTOR	STAFF 22c.	DATE SIGNED
TO HOSPITAL of Page 4 may be to FUNERAL Director, page shauld be filled		NAME (Type) #RTA		ODDY.M.	DLAI	PLATA,	MARYLAND OCATION (City or Town)	(County) (State)
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	1	MARYLAND STATE DEPARTMENT OF MEALTH	
		12865 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 128	376
death.		DECEASED-NAME (Type or print) TANES HENRY PICKERAL 20. DATE OF DEATH Month Day Year	2b. HOUR 3-40,4-M
	3. S		
ove carbon papers. Pare of the carbon papers. Pa		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH	Md.
within 69	10.		OF BUSINESS OR
any event, within 72	13o. adm	D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. 8 REFT AND NUMBER 13b. COUNTY 1 APPLY 1 APP	41
in any	14.	FATHER'S NAME First Res Middle AckERAL IS. MOTHER'S MAIDEN NAME First Middle III Middle III MOTHER'S MAIDEN NAME FIRST MIDDLE MI	10 ++
aval, and		a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give war or dates of service) 220-32-6326 A. MRS. E/SIE MAY PICKERA!	WALdorf
shauld be filed with the State Dept. of fleatin prior to burial, dremailan, or removal, and in any eveni, within 72		BETWEE PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Congestive Heart failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	OXIMATÉ INTERVAL IN ONSET AND DEATH
0 00 0		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
00	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?	CERTIFYING
	MEDICAL CER		
	ME	While Nat while (OFFICE BUILDING, ETC.	State
		22a. I certify that (I) (this hospital) attended the deceased from 9/7/, 1968, to 9/3/, 1968, the saw the deceased alive on 9/2/1968, and that in (my) (our) opinion death occurred on the date and has couses stated above, (I) (we) (did) (did nat) view the bady after death.	nat (I) (we) last ur ond from the
ed with		22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS.	168.
d be fil	,	22d. PHYSICIAN'S NAME (Type) VIRENN. BHADURI 22e. ADDRESS, WORF, MD 20601	
shaul	230	BEMOVAT (Specify) Sept. 16,1968 OAKLAND 23d. LOCATION (City or Town) (County)	(State)
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12866		tems 1 & 15. Inform. MARYLAND STATE DEPARTMENT OF HEALTH lken from Division of Vital RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	12877
FOR STATE		CERTIFICATE OF DEATH DESIGNAME First Middle Lost Lost Lost According to Manual Manual Manual Middle Middle Manual	
nealin deri. →		(Type or Print)	1h Day Year 2b HOUR /30 1968 n. M
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ny deloy 2 and 3 PM3 Po		female Negro 7/17/1968 lost birthdoy) MONTHS DAYS HOURS MIN. Month September September	
any and any		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 2 COUNTY OF DEATH	
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S - 0 0	M	admission) STATE 13b. COUNTY aryland Charles Waldorf YES NO X Waldorf, 1	Maryland
tem of the out	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MADEN, NAME First Middle	Last
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wit per Xan Xan Xan Xan		Yes, no, or unknown) (If yes give war or dates of service) Mother - Unldorf, Md	
ecuted ling" in edical E ermit. F within	N.	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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vord vord or Chi		rise to immediate couse (a), (b) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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please e l' director retoined . DIRECT		death resulted fram: Natural causes Accident , Suicide , Homicide , Undetermined manner	er 🔲
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	24.	UNERAL DIRECTOR ADDRESS 250. REGISTRAR	
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		MAKTLAND STATE DEPARTMENT OF HEALTH
		12870 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12881
		CERTIFICATE OF DEATH
death.		ECEASED-NAME DEFIRST HA Middle StoGER 20. DATE OF DEATH TOOK 6 VES 840
the fundas 1	3. 51	S. DATE OF BIRTH 6. AGE (In Months) DAYS HOURS MIN 7. AGE (In Months) DAYS HOURS MIN 7. YRS.
4 hours		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH HUNGARY WIDOWED DIVORCED MARRIED MARRIE
Athin 2 Mithin 2 Within	10. 0	CITY OF TOWN OF DEATH IV NAME OF HOSPITAL OR INSTRUCTION (If not in hospital during most of working life, even if retired.) A GOVERNMENT OF HOSPITAL OR INSTRUCTION (If not in hospital during most of working life, even if retired.) House Wife
So ve early event,		USUAL RESIDENCE (Where deceosed lived, il-institution: Residence before ission) STATE Md. 13b. COUNT Charles 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNT Charles 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
be exerting and control in any	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Unkown)
rificate hysician n pleas /al, and	160	was deceased ever in u.s. armed forces? (es No or unknown) (If yes give wor or dotes of service) (16b. Social security no. 081–20–2644 Louis P. Stoger–Son Potomac Hgts.,
equires that the death ce physician. signed by the attending I burial-transit permit. The burial, crematian, ar remo		18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF conditions, if ony, which gove isse to immediate couse (a), stating the underlying couse (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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ICIAN: pital ar rtificate d for us af Healt		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year 19 19 19 19 19 19 19 1
the host this certache e Dept.	WE	21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
TENDING ined by 1 DR: After auld be 6 Ithe State		22a. I certify that (I) (this haspital) attended the deceased fram 3 - 18 - 19 68, ta 9 - 2 -, 19 68, that (I) (we) las saw the deceased alive on 1 - 2 - 19 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes states above (I) (we) (did) (did nat) view the bady after death.
OR AT be reta DIRECTO		22b. SIGNATURE DEGREE ATTENDING MED. STAFF 9/4/1968
4 may NERAL tar, page lid be fi		22d. PHYS/CIAN'S E J E DE LEY 22e. ADDRESS La Plata, Maryland
Page TO FUI direct shou		Burial, Cremation, 23b. Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) St. Charles Cemetery Glymont, Maryland
VR A15 (4) 30M REV. 1/68		rehart Funeral Home, Inc.—La Plata, Md. Date SFP 6 1968 Schooler Judge
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove ceron papers Pages 1 and should be filled with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours first death	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove tearbon papers Pages 1 and should be filed with the State Dept. af Health priar ta burial, cremation, ar remayal, and in any event, within 72 nour first death set.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12882 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. 1. DECFASED-NAME Middle 20. DATE KNOWN Month (Type or Print) ESTI-9/26 168 LYNN THOMAS DEATH MATED X 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Month September 26 male negro the State Depart 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S. A. WIDOWED DIVORCED [Charles WARENTON VI 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office alang with give street oddress)

LaPlata Hospital during most of working life, even if retired.) 30 RER 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMIT 186. COUNTY 2709 Bruce Pl., S.E. Item 18. Washington YES NO X 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME Middle YNTHON miner's 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes give war or dates of service) JEAN EATON should be farwarded to the Chief Medical Exa within 7 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (o)_____ event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a). This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year 3 shauld Subi. PRIMARY TOR CONTRIBUTING crematian, working in a ditch when it caved in. PAN 9/26/19 68 CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.)
ditch 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County State WHILE AT WORK AT WORK Charles, Md. burial, 22a. I certify that I taok charge of the remains described above, held an Autopsy X Inspection [Inquiry , and in my opinion death resulted fram: Natural causes Suicide Accident X Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED the tuneral ASSISTANT MEDICAL EXAMINER SIGNATURE 9/27/68 DEPUTY MEDICAL EXAMINER Werner U. Spitz, M.D. **EXAMINER'S** 5 may 10 FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) EMOVAL (Specify) WARENTON VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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	24 hours after death 25 hours after death 27 hours after death		3. SE	Male	4. RACE White			DATE OF BIRTH	5	6. AGE (In years last bighday)	MONTHS DAYS H	UNDER 24 ARS. HOURS MIN.
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	requires that the death certificate be executed within g physician. I signed by the attending physician and completely fill a burial-transit permit. Then please remave carban par a burial, crematian, ar remaval, and in any event, within		14. F	ATHER'S NAME First Wa]	Middle .ter Sco	tt Var		OTHER'S MAIDEN NAME Lel	First	Middle	Farre	Last 11
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	ath cerioding pit. Their			1B. CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED IMMEDIA)	y ane cause per line BY:	far (a), (b), and (c),		hosa	reo	ma	APPROXIMATE BETWEEN ONSET	INTERVAL I AND DEATH
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	require ig phys n signe e buria a buria			PART 2. OTHER SIGNIFICANT CON	OITIONS CONTRIBUTI	NG TO DEATH BUT N	OT RELATED TO T	IE TERMINAL DISEASE OR	CONDITION GIVE	IN PART 1(a)		
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FOR STATE	12872 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12883
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000	1. DECEASED-NAME (Type or Print) HUGH R. WILMER 20. DATE KNOWN Month Doy Year 2b. HOLLE (Type or Print) HUGH R. WILMER 20. DATE KNOWN Month Doy Year 2b. HOLLE (Type or Print) HUGH R. WILMER 20. DATE KNOWN MONTH DOY YEAR 2b. HOLLE (Type or Print) HUGH R. WILMER 20. DATE KNOWN DOY YEAR 2b. HOLLE (Type or Print) HUGH R. WILMER 20. DATE KNOWN DOY YEAR 2b. HOLLE (Type or Print) HUGH R. WILMER 20. DATE KNOWN DOY YEAR 2b. HOLLE (Type or Print) HUGH R. WILMER 20. DATE KNOWN DOY YEAR 2b. HOLLE (Type or Print) HUGH R. WILMER 20. DATE KNOWN DOY YEAR 2b. HOLLE (Type or Print) HUGH R. WILMER 20. DATE KNOWN DOY YEAR 2b. HOLLE (Type or Print) HUGH R. WILMER 20. DATE KNOWN DOY YEAR 2b. HOLLE (Type or Print) HUGH R. WILMER 20. DATE KNOWN DOY YEAR 2b. HOLLE (Type or Print) HUGH R. WILMER 2b. HUGH R. W
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hoors office office office office office	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
	PERE WILMER AMELIA MATTHEWS
hin 24 ncil in niner's poges hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17. INFORMANT 10130 International Court
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EXAMINER: cute the cert oge 4 should r your files. Page 3 should cremation,	WHILE AT WORK
Pogor or al,	22a. I certify that Hook charge of the remains described above, held an Autopsy, Inspection
ICAL Person Port. Port Port Port CTOR:	death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
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	24. FUNERAL DIRECTOR ADDRESS 2SG. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
VR A15ME (5) 10M REV. 1/68	Arehart Funeral Home, IncLa Plata, Md. DATE SEP 26 1968 gclorles Judge

MAKILAND STATE DEPARTMENT OF HEALTH

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